NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 9th September 2020 via MS Teams

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Tom Bisset	Community Pharmacist (LPC)
Dr Mehrban Ghani (from 20/143.2)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Sarah Hudson	Deputy Chief Pharmacist (SWYPFT)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Nicola Brazier	Administration Officer (Barnsley CCG)
Lauren Clarke	Senior Pharmacist, Interface (BHNFT)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Elizabeth Lock (for item 20/154.4)	Wound Care Nurse (Barnsley CCG)
Dr Madi (for item 20/143.3)	Consultant Physician Specialising in Elderly Medicines (BHNFT)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)

ACTION BY

APC 20/140 QUORACY

The meeting was not quorate and therefore any proposed decisions/approvals will be ratified either outside of the meeting by email or at the next meeting.

APC 20/141 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Head of Medicines Optimisation declared that she signs rebate agreements on behalf of the CCG, noting that there is no personal financial gain and all savings from rebates schemes are re-invested into other local health services. A full list is available on the website. There was nothing relevant to the agenda today.

APC 20/142 DRAFT MINUTES OF THE MEETING HELD ON 12th AUGUST 2020

Subject to a spelling amendment on page 5, the minutes were accepted as an accurate record of the meeting. **NB**

Agreed action:-

- As the meeting is not quorate, approval will need to be ratified at the next meeting. **CL**

***Post meeting note**: approval received by email.*

APC 20/143 MATTERS ARISING AND APC ACTION PLAN

20/143.1 Communication of antibiotic prescribing from ED attendances

The clinical lead for ED had advised the Lead Pharmacist, BHNFT that communication would be sent out to remind staff to add details of any newly started medication in the D1 free text box.

It was agreed that primary care GPs would be made aware of this and asked to monitor communication received. GPs should report any instances where patients have been given antibiotics but information is not included on discharge.

Agreed action:-

- The Lead Pharmacist to advise the Committee on the quantity of antibiotics supplied in ED on a monthly basis. **GT**

20/143.2 Melatonin Amber G Guidance (feedback on outcome of CAMHS/LMC consultation)

The updated guidance has been circulated to the CAHMS consultants but no comments have yet been received.

The guidance is due to be discussed at the September 2020 LMC meeting and subject to endorsement by the CAMHS consultants and the LMC, the Committee approved the guidance and this would not need to be brought back unless there were significant changes to be made.

20/143.3 New Product Application - Opicapone

Following discussion at the last meeting, Dr Madi was invited to discuss the application for opicapone as 2nd line in therapy to entacapone where there are compliance or intolerance issues as an add-on to Parkinson's treatment.

An update was obtained regarding the progress of the SY&B collaborative shared care guidance for Parkinson's Disease which was expected to be circulated to all CCGs for review. It was fed back that the consultants at Sheffield felt strongly that all Parkinson's disease drugs should be classified amber and only initiated by a specialist. These have all been included in the SY&B collaborative shared care guidance for Parkinson's Disease, including opicapone but this is yet to be discussed as an ICS and at the Sheffield Area Prescribing Group.

Dr Madi advised that from his clinic, possibly 10 patients per month could benefit from opicapone which is a once daily tablet which is of benefit to patients with swallowing difficulties.

Dr Madi was thanked for attending the meeting.

The Committee approved the application for opicapone 2nd line to entacapone with its inclusion in the SY&B collaborative shared care guidance for Parkinson's Disease.

Agreed action:-

- As the meeting is not quorate, approval will need to be ratified at the next meeting. **CL**

***Post meeting note**: approval received by email.*

20/143.4 New Product Application - Visu XL gel

The Lead Pharmacist, BHNFT had been in contact with Miss Firan, Consultant Ophthalmologist regarding little/no comparative evidence and asked about the removal of the night-time preparation. No additional information or evidence has been provided and therefore the new product application for Visu XL gel was declined.

20/143.5 Discharge letter audit – BHNFT action plan

Prior to COVID, the Trust were producing a programme of work around audit and re-audit and the Chief Pharmacist, BHNFT confirmed that two different work streams were being progressed to ensure that quality information is captured and included on D1s. The D1 Task and Finish Group was being re-established and a QI project established with the patient flow team looking at discharges. The group(s) would include CCG representation and the Chief Pharmacist would monitor this through the MMC and update the APC.

It was noted that all parties receiving discharge information needed to be consulted on regarding content and community pharmacy would be consulted on in relation to electronic discharge information in due course.

Action Plan – other areas

20/143.6 Roflumilast Traffic Light Classification

This was deferred to November 2020.

20/143.7 Ferric Maltol (Feraccru®) new product application

This was deferred to November 2020 when further evidence base was expected to be presented.

APC 20/144 PRIADEL 200MG AND 400MG MR BEING DISCONTINUED

The Lead Pharmacist, SWYPFT advised that both strengths are to be discontinued from April 2020 but stock availability issues are already being noticed.

MHRA guidance has been issued with clear guidance on how to switch to other products but it was noted that these are more expensive and differ in strengths. It was therefore preferable to use branded prescribing for individuals. The MHRA guidance was due to be discussed at the SWYPFT Drugs & Therapeutic Committee (D&TC), and in order to support GPs to reduce risks for patients, the Lead Pharmacist, SWYPFT would advise the D&TC of the request from Primary Care clinicians for advice and guidance to be available when required via a telephone support line, which would aim to reduce referrals back into the service.

It was agreed that the number of lithium patients would be obtained from the Eclipse system in order to contact community pharmacies to check stock positions. Communication would need to be sent out to support the changes and required checks.

It was agreed to add the Liskonum® MR brand to the formulary as amber, and update the shared care guidance if required.

Agreed actions: -

- The Lead Pharmacist, SWYPFT to advise the D&TC of the request from Primary Care clinicians for advice and guidance to be available **SH**
- Data to be obtained from Eclipse in order to contact community pharmacies to check stock positions **CL/DC**
- Communication and guidance to be sent out to support Primary Care **CL/DC**
- If required, the shared care guidance to be updated to include Liskonum® MR. **SH**

APC 20/145 CORONER'S REPORT - ADRENALINE AUTO-INJECTORS

The Head of Medicines Optimisation presented the Regulation 28 prevention of future deaths report around adrenaline auto-injectors and the management of allergies.

The Committee discussed at length the concerns raised in the report and agreed that the following issues would need to be addressed: -

- Clinician training and management of allergies
- Prescribing, monitoring and follow up of patients on adrenaline auto-injectors
- Number of pens issued
- Regular training of patients
- High dose prescribed for patients at higher risk

It was agreed that discussions needed to be held with the service in order to understand what information/training patients are given when they go into the service. This would then inform a Barnsley wide policy.

The Lead Pharmacist, BHNFT advised that the Trust use placebo devices, available from reps, to train patients where required. It was noted that the paediatric nursing staff provide a lot of training to patients and parents in the hospital setting.

Agreed actions: -

- It was agreed that Dr Kerrin, Consultant Paediatrician would be contacted to take forward a piece of work, producing a policy to cover the concerns raised in the report. **CL/DC**
- Guidance would also be sought from Dr Kerrin around the recommended number of pens to be issued at any one time. **CL/DC**

APC 20/146 LOW CARBON FOOTPRINT INHALERS AND ASTHMA/COPD GUIDANCE

The Head of Medicines Optimisation advised that reducing the carbon footprint associated with MDI has been included in the PCN DES. PrescQIPP have produced guidance with useful information to base choices on, Enclosure E, and the Committee were asked for their thoughts on using this guidance.

The Committee agreed to use the advice given in the bulletin and this would be circulated to primary care. It was noted that the COPD guidance was due to be updated October 2020 and the Asthma Guidance was due to be updated November 2020.

APC 20/147 NATIONAL PATIENT SAFETY ALERT: STEROID EMERGENCY CARD

The enclosure was brought for the attention of the Committee which includes actions for all organisations.

The Head of Medicines Optimisation advised that the MMT would be undertaking a piece of work to gain assurance across primary care that information is captured on the GP system when a card is given to a patient. The MMT would work jointly with community pharmacy to avoid duplication.

Agreed action:-

- MMT to undertake a piece of work to ensure information is recorded on the GP system on issue of a steroid emergency card. **CL/DC**

APC 20/148 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

No guidelines to review

APC 20/149 FORMULARY REVIEW PLAN (for information)

Noted.

APC 20/150 NEW PRODUCT APPLICATION LOG

Noted.

APC 20/151 NEW PRODUCT APPLICATIONS

20/151.1 <u>Elecare</u>

The Lead Pharmacist, BHNFT presented the application for an amino acid formula for children with cow's milk allergy. This is the first formulation containing synthesised 2'-fucosyllactose (2'-FL) human milk oligosaccharide (HMO).

As this is a nutritional product, there is no comparative data for Elecare versus other amino acid formulations. Elecare is slightly more cost effective than others currently on formulary.

Reference was made to guidance on the Most Appropriate and Cost Effective Prescribing for Infant Formula and it was confirmed that the guidance has recently been updated and this product included. The updated guidance would be brought to the APC for approval.

The Committee approved the new product application for Elecare.

Agreed action:-

- As the meeting is not quorate, approval will need to be ratified at the next meeting. **CL**

***Post meeting note**: approval received by email.*

***Post meeting note**: to be added to the formulary with an amber-G classification in line with other formulary infant feeding preparations.*

APC 20/152 BARNSLEY APC REPORTING SEPTEMBER 2020

The Lead Pharmacist (CA) presented confidential supporting information in relation to issues highlighted at the last meeting. It was noted that additional work will be undertaken by the Clinical Pharmacist working within the GP practice to ensure read codes are in place to check for such issues going forward. Discussions are to take place with the community pharmacy involved regarding the processes they follow.

It was confirmed that the issues relating to the 2 reports discussed were now resolved. The Lead Pharmacist, SWYPFT would provide feedback to the Epilepsy Team.

The Community Pharmacist advised of incidences with MDS scripts coming with no prior consultation, seeing an increase in post-dated prescriptions from GP practices and changes being made to prescriptions but community pharmacies not being advised.

The Head of Medicines Optimisation advised that the MDS Working Group would be re-established.

Agreed actions:-

- MDS Working Group meeting to be arranged. **CL**

20/152.1 <u>APC Reporting September 2020 (for information)</u>
Noted.

20/152.2 <u>APC Reporting September Key Themes</u>
Noted.

APC20/153 NEW NICE TECHNOLOGY APPRAISALS (AUGUST 2020)

The Lead Pharmacist, BHNFT confirmed that the following NICE TA **was** applicable for use at BHNFT

- TA641 Brentuximab vedotin in combination for untreated systemic anaplastic large cell lymphoma

The Lead Pharmacist, BHNFT confirmed that the following NICE TAs **were not** applicable for use at BHNFT

- TA640 Treosulfan with fludarabine for malignant disease before allogeneic stem cell transplant
- TA642 Gilteritinib for treating relapsed or refractory acute myeloid leukaemia
- TA643 Entrectinib for treating ROS1-positive advanced nonsmall-cell lung cancer
- TA644 Entrectinib for treating NTRK fusion-positive solid tumours

20/153.1 <u>Feedback from BHNFT Clinical Guidelines and Policy Group</u>
There was nothing relevant to report.

20/153.2 <u>Feedback from SWYPFT NICE Group</u>
There was nothing relevant to report.

APC 20/154 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

20/154.1 <u>Primary Care Quality & Cost Effective Prescribing Group</u>

The Group focussed on the restart with MOS work under the PDA. It was advised that the MOS section of the PDA has been reviewed to focus on the added value areas and the COVID work undertaken in practices has been acknowledged. This would be brought to the next APC meeting. **DC**

20/154.2 BHNFT

There was nothing further to report back other than the D1 update discussed at APC20/ 143.5 above.

20/154.3 SWYPFT Drug and Therapeutics Committee

There was nothing relevant to report.

20/154.4 Wound Care Advisory Group

Liz Lock, Wound Care Nurse was in attendance to provide an update from the Wound Care Advisory Group.

The Committee were advised that in order to overcome out of stock issues, changes to the formulary were required for an interim period and a summary of these changes would be brought to the next meeting for endorsement.

The Committee were advised that early discussions were underway regarding the use of a platform to give us the opportunity for centralised supply with facility to see stock availability.

Agreed action: -

- A summary of required changes would be brought to the next meeting. **LL**

APC 20/155 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate the Priadel MHRA alert and lithium work to be undertaken, and the Coroner's Report regarding Adrenaline Auto-Injectors to the Q&PSC. **CL**

APC 20/156 HORIZON SCANNING DOCUMENT (AUGUST 2020)

The Committee assigned the following classifications to the products listed below: -

Fremanezumab 225 mg solution for injection in pre-filled syringe/pre-filled pen (Ajovy▼®, Teva UK Limited) – **already non-formulary provisional grey**

Acetylcysteine 600mg tablets (Mucolight®, Ennogen Healthcare) – **non-formulary provisional amber G**

Post-meeting note: *The Lead Pharmacist, BHNFT confirmed that acetylcysteine 200mg and 600mg tablets can be removed from the unlicensed section of the formulary (along with the acetylcysteine in pulmonary fibrosis prescribing guidance).*

Remdesivir 100 mg powder for concentrate for solution for infusion/ concentrate for solution for infusion (Veklury®▼, Gilead Sciences Ltd) – **formulary red restricted**

Lauromacrogol-400 2.5 mg/ml, 5 mg/ml, 10 mg/ml, 20 mg/ml, 30 mg/ml solution for injection (Aethoxysklerol®, Ferndale

Pharmaceuticals Ltd) – **non-formulary provisional red**
Osilodrostat 1 mg, 5 mg, 10 mg film coated tablets (Isturisa▼®, Recordati Rare Diseases UK Ltd) - **non-formulary provisional red**
Sofosbuvir 200 mg, 150 mg coated granules in sachet (Sovaldi▼®, Gilead Sciences Ltd) – **already formulary red**
Follitropin alfa / lutropin alfa (300 IU + 150 IU)/0.48 mL, (900 IU + 450 IU)/1.44 mL solution for injection in pre-filled pen (Pergoveris®, Merck) - **non-formulary provisional red**
Delafloxacin meglumine 300 mg powder for concentrate for solution for infusion, 450 mg tablets (Quofenix▼®, A. Menarini Farmaceutica Internazionale SRL) - **non-formulary provisional red**
Azacitidine (generic) 25 mg/mL powder for suspension for injection (Seacross Pharmaceuticals) (Dr. Reddy's Laboratories) – **already formulary red restricted**
Nifedipine 20 mg modified release tablets (Dexipress®, Dexcel Pharma Ltd) – **non-formulary provisional grey**
Stock issues with Adalat® were noted and it was agreed to bring a cost comparison of nifedipine preparations back to the meeting for review **JH**
Sofosbuvir, ledipasvir 33.75 mg/150 mg coated granules in sachet, 45 mg/200 mg coated granules in sachet (Harvoni®▼, Gilead Sciences Ltd) – **formulary red**
Hydrocortisone sodium phosphate (generic) 10 mg soluble tablets (Creo Pharma Ltd) – **already non-formulary provisional green**
Treprostinil (generic) 10 mg/ml solution for infusion, 5 mg/ml solution for infusion (Tillomed Laboratories Ltd) – **non-formulary provisional red**
Buprenorphine / naloxone 2 mg/0.5 mg, 4 mg/1 mg, 8 mg/2 mg, 12 mg/3 mg sublingual film (Suboxone®, Indivior UK Limited) – **already formulary red restricted**

Agreed action:-

- As the meeting is not quorate, approval will need to be ratified. **JH**

***Post meeting note**: approval received by email.*

APC 20/157 MHRA DRUG SAFETY UPDATE (AUGUST 2020)

The update was noted with the following information highlighted:-

<u>Stimulant laxatives (bisacodyl, senna and sennosides, sodium picosulfate) available over-the-counter: new measures to support safe use</u>

We have introduced pack size restrictions, revised recommended ages for use, and new safety warnings for over-the-counter stimulant laxatives (orally and rectally administered) following a national safety review. Advise patients that dietary and lifestyle measures should be used first-line for relieving short-term occasional constipation and that stimulant laxatives should only be used if these measures and other laxatives are ineffective.

<u>Denosumab 60mg (Prolia): increased risk of multiple vertebral fractures after stopping or delaying ongoing treatment</u>

Evaluate a patient's individual factors for benefits and risks before initiating treatment with denosumab 60mg, particularly in those with previous vertebral fracture. Patients should not stop denosumab

without specialist review.

Emollients and risk of severe and fatal burns: new resources available

APC 20/158 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

The Head of Medicines Optimisation advised that Barnsley continue to link into the North East Yorkshire Groups who recently met and discussed proxy ordering in care homes (medicines electronic proxy ordering).

APC 20/159 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Sheffield CCG (18th June 2020) were received and noted.

APC 20/160 ANY OTHER BUSINESS

20/160.1 Draft 2021 Meeting Dates

It was agreed that the meeting dates would take place on the second Wednesday of the month throughout 2021 except the July 2021 meeting which would take place on the 1st Wednesday of the month to avoid clashing with the BEST meeting.

20/160.2 Beovu

It was noted that NHS Scotland has approved Beovu. The Committee had agreed to await the NICE decision (expected October 2020) on its place in therapy.

20/160.3 Community Pharmacy Emergency Hormonal Contraception Service

The Community Pharmacist advised that despite working with Spectrum and BMBC to support them with recommissioning the service, the PGD expired August 2020. The impact of this may be seen in A&E, GP practices and I HEART.

There was frustration raised regarding the reduction in services available since take over by Spectrum with choices and options denied to women in Barnsley. It was agreed that the delay needed to be escalated.

Agreed actions: -

- The Head of Medicines Optimisation to escalate to the CCG Senior Management Team and Quality & Patient Safety Committee. **CL**
- The Community Pharmacist to provide a timeline of events to the Head of Medicines Optimisation. **TB**
- Any impact seen at I HEART to be monitored. **MG**

APC 20/161 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 14th October 2020 at 12.30 pm via MS Teams.